ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 89

Registered No. 16

1. PLACE OF BIRTH

County Gila State

Township or Village

City Hayden No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Flora Mae Riley (If child is not yet named, make supplemental report, as directed)

3. Sex Female

10. Plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate Yes

8. Date of birth Apr 2, 1932 (Month, day, year)

9. Full name FATHER Geo. M Riley

10. Residence (usual place of abode) (If nonresident, give place and State) Hayden

11. Color or race White

12. Age at last birthday 36 (Years)

13. Birthplace (city or place) Como (State or country) Texas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lath Foreman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Mill

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

18. Full maiden name MOTHER Dorothy M McGovern

19. Residence (usual place of abode) (If nonresident, give place and State) Hayden

20. Color or race White

21. Age at last birthday 22 (Years)

22. Birthplace (city or place) Blackstone (State or country) Texas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks

29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 1:00 p.m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles R Hutchins M.D.

or Midwife

Address Hayden, Ariz.

Given name added from a supplemental report (Date of)

Filed Apr 6, 1932 Registrar.

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Registrar.

NOTE: ... more than one child at a birth, a SEPARATE RETURN must be made for each child ... a number of each in order of birth stated.